Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : I20000000291 : (407)847-7466 Phone Fax Number : (608)399-1028

DISSOLUTION OR WITHDRAWAL CENTRAL FLORIDA NEUROLOGY, P.A.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| Division of Corporations |
|--|
| SUBJECT: Central Florida Neurology, P.A. |
| DOCUMENT NUMBER: P02000065955 |
| The enclosed Articles of Dissolution and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Candy McDonah |
| (Name of Contact Person) |
| Swart Baumruk & Company LLP |
| (Firm/Company) |
| 1101 Miranda Lane |
| (Address) |
| Kissimmee, FL 34741 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Candy McDonah at (407) 847-7466 |
| (Name of Contact Person) (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| ✓\$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Fee & ☐\$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (Additional copy is enclosed) (Additional copy is enclosed) |
| MAILING ADDRESS: Amendment Section Amendment Section |

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF DISSOLUTION

Pursuant to section 607.1403. Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

| FIRST: | The name of the corporation as currently filed with the Florida Department of State: | | | | |
|---------|--|--|--|--|-----------------|
| | Central Florida Neurology, P.A. | | | | |
| SECOND: | The document number of the corporation (if known): P02000065955 | | | | |
| THIRD: | The date dissolution was authorized: 09/07/2011 | | | | |
| | Effective date of dissolution if applicable: (no more than 90 days after dissolution file date) | | | | |
| FOURTH: | Adoption of Dissolution (CHECK ONE) | | | | |
| | Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval. | | | | |
| | Dissolution was approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve: The number of votes east for dissolution was sufficient for approval by | | | | |
| | | | | | |
| | | | | | (county stouch) |
| | Signature: Vond 33 2 0 | | | | |
| | (By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary) | | | | |
| | Najeeb A. Zuberi MD | | | | |
| | (Typed or primed name of person arguing) | | | | |
| | President | | | | |
| | (Title of person signific) | | | | |
| | Filing Fee: \$35 | | | | |

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